

**Department of Health & Human Services  
Health Care Financing Administration  
Operational Policy Letter #109  
OPL 99.109**

**Date:** December 7, 1999

**Subject:** Data Elements Required to Complete the Medicare+Choice  
(M+C) Enrollment Form

**Effective Date:** January 1, 2000

**QUESTION:**

Section 1.0 of OPL 99.100 defines an enrollment as being complete when, among the other items listed in section 1.0, the enrollment form is signed by the beneficiary or legal representative and all necessary elements on the form are completed. Exactly which elements on the enrollment form must be completed in order for the enrollment form to be considered complete? Should an M+C organization (M+CO) deny the enrollment if the “necessary elements” are not completed?

**POLICY:**

The definition of a completed election is found in section 1.0 of OPL 99.100 and states that an enrollment is complete when the enrollment form is signed by the beneficiary or legal representative and all necessary elements on the form are completed. *(NOTE: There are additional requirements for a completed enrollment. For a thorough definition of a “completed election,” refer to section 1.0 of OPL 99.100.)*

Given the definition of a completed election, an M+CO must ensure that specific data elements, including the signature, are filled in on the enrollment form in order to consider the enrollment complete. These specific data elements are known as the “necessary elements” mentioned above.

The following grid lists all the data elements that are contained in Exhibits 1, 2, and/or 3 in OPL 99.100, i.e., the model enrollment forms. All data elements with a “Yes” in the “Required before enrollment complete” column are necessary in order for the enrollment to be considered complete.

If the M+CO receives an enrollment form that contains all “necessary elements,” the M+CO must consider the enrollment form complete even if all other data elements on the enrollment form are not filled out.

	Data Element	Required before enrollment complete?	OPL 99.100 Exhibit # in which data element appears
1	M+C Plan Name	Yes	1, 2, 3
2	Effective Date of Coverage	No <sup>1</sup>	1, 2, 3
3	Beneficiary Name	Yes	1, 2, 3
4	Beneficiary Medicare Number	Yes	1, 2, 3
5	Beneficiary Date of Birth	Yes	1, 2
6	Beneficiary Sex	Yes	1, 2
7	Permanent Residence Address	Yes	1, 2, 3
8	Mailing Address	No	1, 2, 3
9	Beneficiary Telephone Number	No	1, 2, 3
10	Name of Person to Contact in Emergency, including Phone Number and Relationship to Beneficiary (Optional Field)	No	1, 2
11	Language Preferences (Optional Field)	No	1, 2
12	Annotation of Whether Beneficiary is Retiree, including Retirement Date and Name of Retiree (If Not the Beneficiary)	No	2
13	Question of Whether Spouse or Dependents are Covered Under the Plan and, if Applicable, Name of Spouse or Dependents	No	2
14	Medicare Information Contained on Sample Medicare Card, or Copy of Card	No <sup>2</sup>	1, 2

<sup>1</sup> While it is true the effective date must be established in order to complete the election, it is not the beneficiary who fills out this data element. As indicated on Exhibits 1, 2, and 3 of OPL 99.100, the effective date of coverage is filled in by the M+CO. Therefore, the “no” in this column is simply intended to mean that the beneficiary does not have to fill in this data element in order to complete the election.

<sup>2</sup> As stated in section 4.1 of OPL 99.100, a M+CO may not refuse to accept an enrollment form when an individual does not have his/her Medicare card available at the time s/he fills out an enrollment form; however, the enrollment form will not be considered “complete” until the M+CO has obtained evidence of entitlement to Medicare Part A and enrollment in Part B. We recognize that the M+CO needs, at a minimum, the Medicare number in order to verify entitlement to Part A and enrollment in Part B; we have accounted for the need for this data element under data element number 4.

15	M+C Plan/Product Choice	Yes	1, 2
16	M+C Product/Premium Choice	Yes	3
17	Question of Whether Beneficiary is Currently a Member of the Plan and, if Yes, Request for Plan Identification Number	No	2
18	Name of Chosen Primary Care Physician, Clinic, or Health Center (Optional Field)	No	1, 2, 3
19	Beneficiary Signature and/or Beneficiary Representative Signature	Yes	1, 2, 3
20	Signature and Relationship of Any Individual Who Helped Beneficiary Fill Out Form (If Applicable)	Yes	1, 2, 3
21	Date of Signatures	No <sup>3</sup>	1, 2, 3
22	Response to Question 1 on Page 3 (“Please Read and Answer These Questions.”)	Yes	1, 2
23	Response to Questions 2 - 5 on Page 3 (“Please Read and Answer These Questions.”)	No	1, 2
24	Initials/Annotation Next to All Statements on Page 4 (“Please Read These Sentences and Put Your Initials Next to Them.”)	Yes <sup>4</sup>	1, 2
25	Employer Name and Group Number	Yes	2
26	Question of Which M+C Plan/Premium the Beneficiary is Currently a Member of and to Which M+C Plan/Premium the Beneficiary is Changing	Yes	3

If an M+CO has received HCFA approval for an enrollment form that contains data elements in addition to those listed above, it must not consider an enrollment incomplete if the additional data elements are not completed on the form.

If an M+CO receives an enrollment form that does not have all necessary elements completed, it must not deny the enrollment. Instead, the enrollment is considered incomplete and the M+CO must follow the procedures outlined in section 4.1.1 of

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<sup>3</sup> As explained in section 4.1 of OPL 99.100, the beneficiary and/or legal representative should write the date s/he signed the enrollment form; however, if s/he inadvertently fails to include the date on the enrollment form, then the stamped date of receipt that the M+CO places on the enrollment form may serve as the signature date of the form. Therefore, the signature date is not a necessary element.

<sup>4</sup> As outlined in section 2.5 of OPL 99.100, a beneficiary must understand and agree to abide by the rules of the M+C plan in order to be eligible to enroll. This section of the enrollment form is intended to gauge whether the beneficiary meets this eligibility requirement. If the beneficiary fails to initial his/her understanding of each item listed, the M+CO may call the beneficiary to discuss the M+CO rules in order to complete this data element. The M+CO must document the call and annotate the outcome of the call on the enrollment form.

OPL 99.100, “When the enrollment form is incomplete,” in order to complete the enrollment. Where possible, the M+CO should check available systems for information to complete an enrollment before requiring the beneficiary to provide the missing information. For example, if a beneficiary failed to fill out the “sex” field on the enrollment, the M+CO could obtain this information via available systems rather than request the information from the beneficiary.

**Contact: HCFA Regional Office Managed Care Staff**

**This OPL was prepared by the Center for Beneficiary Services.**